December 31, 2003

MEMORANDUM

TO: SUPERINTENDENTS

RE: FISCAL YEAR BUDGET REQUEST FOR FISCAL YEAR
         ENDING JUNE 30, 2005 (FY05)

Enclosed are the fiscal year budget request instructions to access your <u>Online Budget Request</u>. This system was designed for all Constitutional Officers to submit requests for salaries and allowances for the fiscal year ending June 30, 2005. The provisions of §15.2-1636.7, <u>Code of Virginia</u> (1950), as amended, require the Online Budget Request to be submitted to the Compensation Board **on or before February 1, 2004.**

This budget package contains the following:

    A. FY05 Budget Preparation Guidelines.

    B. On-Line Budget Request System User Guide for Superintendents:

        1. Information necessary to complete the Budget Request.

        2. Specific computer instructions.

        3. Budget Submission Check Off List.

        4. Certification of participation in an employee performance evaluation plan.

The Fiscal Year Budget Request for the Fiscal Year ending June 30, 2005 is an online computer system accessed through the State Network Interface Project (SNIP). Please review the supplied data for accuracy. You should amend any inaccuracies that may appear.

Please keep in mind, if the change is a personnel action (CB10) that has not been entered into the SNIP system, **enter the online CB10 form immediately**, so that this approved change will be documented. Documentation will also be required from you for actions affecting your July 1, 2004 base budget, if different from the supplied data. Provide all justification required along with Job Descriptions if you are requesting any position reclassification and have not been delegated classification authority. Please complete all required fields, as the system will not allow you to certify (sign off) the request until all required fields have been completed.

Please ensure that your Online Budget Request and documentation are received by the Compensation Board not later than February 1, 2004, as required by §15.2-1636.7, <u>Code of Virginia</u>, and that you notify the Governing Body of your locality when the Online Budget Request is available for them to view.

Should you have questions regarding the Online Budget Request System please call your program technician, Pat McCoy, extension #209 at (804) 786-0786**.**

Sincerely,

Bruce W. Haynes
Executive Secretary

Attachments

Copy to: Governing Body (w/o Attachments)
            James W. Matthews, Assistant Executive Secretary
            Alice M. Coe, Manager, Customer Service
            Charlene M. Rollins, Lead Management Analyst
            Pat B. McCoy, Senior Fiscal Technician

FY05 BUDGET PREPARATION GUIDELINES

To assist you in completing the Online Budget Request, the following are a few items which you should have available as you begin working on your budget request.

- The Compensation Board (CB) Operating Manual (available on the CB website)

- December 1, 2003, Salary Scale (Available on the CB website)

- Compensation Board Approved Budget FY04

- Compensation Board Actions affecting your Base Budget

- Years and Months you and your employees have each been in a full-time Compensation Board funded position.

- Workload Data for calendar year 2003

- Approved Permanent Employees Salaries, effective 12/1/03

- The Compensation Board Website address is www.scb.virginia.gov

Please keep in mind that these screens **'TIME OUT' after 15 minutes of inactivity.** This means that if you must leave to pull information after you get to a particular screen, your computer may log you off before you get back to enter the necessary data. Information that was previously entered may also have to be reentered.

The system will allow you to scroll through your entire Budget Request without returning to the menu.

FISCAL YEAR 2005

ON-LINE BUDGET REQUEST

SYSTEM USER GUIDE
FOR SUPERINTENDENTS

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TABLE OF CONTENTS

COMPENSATION BOARD MAIN MENU (SNIP)

```
11/15/01                    COMMONWEALTH OF VIRGINIA
SCBRLO01
                               COMPENSATION BOARD
                              --- MAIN MENU ---
        YYMM: _____
  LOCALITY: 001          1.   PERMANENT PERSONNEL PROCESS
    OFFICE: 304          2.   TEMPORARY PERSONNEL PROCESS
                         3.   OFFICE EXPENSE PROCESS
                         4.   EQUIPMENT/SERVICES/MILEAGE PROCESS
                         5.   ADDITIONAL ALLOWANCE PROCESS
                         6.   CERTIFICATION/APPROVAL PROCESS
                         7.   COMPENSATORY TIME PROCESS
                         L.   LOCALITY COMMENTS
                         P.   PERSONNEL STATUS CHANGE (CB10 SUBMENU)
                         F.   FUNDS TRANSFER
                         S.   SUBSTITUTE PROSECUTOR
                         B.   ONLINE BUDGET PROCESSING
                         M.   RETURN TO MAINMENU
                         X.   EXIT REIMBURSEMENT PROCESS


                           ENTER SELECTION: B
```

From the SNIP main menu, enter selection "B" to access the screens for the On-line Budget submission.

1. "TAB" to LOCALITY:_____ enter your locality's FIPS code
2. "TAB" to OFFICE:_ enter 304 (Superintendent),
3. "TAB" to ENTER SELECTION:__ enter the letter "B"
4. Press the "ENTER" key to proceed to the next screen

```
11/15/01                   COMMONWEALTH OF VIRGINIA
SCBBLO02
                              COMPENSATION BOARD

                           ONLINE BUDGET PROCESSING
                             --- MAIN MENU ---

  YEAR REQUESTED: 2005    1.  ONLINE BUDGET PROCESSING
                          M.  RETURN TO MAIN MENU
                          X.  EXIT ONLINE BUDGET PROCESS

                              ENTER SELECTION: 1
```

Fiscal Year 2005 will be entered for you. If you wish to view information for prior fiscal years, simply type over the 2005 entry with the fiscal year you wish to view.

This screen enables access to the selected fiscal year.

1. "TAB" to ENTER SELECTION __: Type selection number 1

2. Press the "ENTER" key to proceed to the next screen.

ONLINE BUDGET SUB-MENU

```
 11/15/01           COMMONWEALTH OF VIRGINIA COMPENSATION BOARD
SCB9LO01
                            ONLINE BUDGET PROCESSING
                             --- SUB MENU ---
                         1. LOCALITY AND OFFICER INFORMATION
                         2. SALARIES OF CURRENT PERMANENT EMPLOYEES
 FISCAL YR: 2005         3. ADDITIONAL EMPLOYEES REQUESTED
       LOC: 001          4. PART TIME EMPLOYEE FUNDING
       OFF: 304          5. POSITIONS FULLY OR PARTIALLY FUNDED BY
                             COMP BOARD, LOCALITY OR OTHER SOURCE
                         6. OFFICE EXPENSES
                         7. EQUIPMENT (NOT FOR CLERKS)
 ENTER                   9. AMENDED EQUIPMENT REQUEST (CLERKS ONLY)
 SELECTION: 1            A. WORKLOAD MEASURES
                         B. EMPLOYEE PERFORMANCE EVALUATION CERTIFICATION
                         C. BUDGET CHECKOFF LIST
                         D. BUDGET CERTIFICATION/APPROVAL
                         E. LOCALITY COMMENTS
                         F. REVIEW NEW PERMANENT POSITIONS
                         G. AUDIT WORKLOAD (TREAS & C REV)
                         M. RETURN TO MAIN MENU
                         X. EXIT ONLINE BUDGET PROCESS
```

This menu provides access to all screens related to the On-line Budget system. The entry of your locality and office code will be displayed for you. The four-digit fiscal year will be carried forward from the previous screen. As you use these screens you are encouraged to process them in sequence. With the completion of the last screen of each process, the depression of the enter key with the selection field blank will take you to the next process. **In the Budget Certification/Approval process you will not be allowed to enter your user ID to complete your budget submission if any process that has required fields has not been completed.**

1. FISCAL YEAR, LOCALITY and OFFICE CODE will be displayed for you.
2. ENTER SELECTION:＿＿ enter number 1
3. Press the "ENTER" key to proceed to the next screen

ADDRESS CHANGE

```
 SEL: __ (1)              FISCAL YEAR BUDGET REQUEST
SCB9UO01
  11/15/01          FOR FISCAL YEAR ENDING JUNE 30, 2005

 YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE
                            CHG OFFICER: _____
                                         SUPERINTENDENT ALBEMARLE COUNTY
                                         410 EAST HIGH STREET
                                CHG ADD2: _____

                                         CHARLOTTESVILLE      VA  22902 -
5120
                            CHG CITY ZIP: _____    _____ -
____
                                         8049724094
                            CHG PHONE #: _____
                                         8049724065
                              CHG FAX #: _____

                        E-MAIL ADDRESS: ___JTMONROE@ALBEMARLE_____
```

This screen will be displayed when "1" is selected on the On-line Budget Menu. This screen can be used to correct information related to your office. The Officer Name, Title, Locality Name, Mailing Address, Zip Code, Telephone Number, Fax Number and Email Address from the current file are displayed for your review. The information is provided to allow the correction of the fields that are incorrect. For displayed information that is incorrect, correct information can be typed on the blank line immediately below each line of information. If no email address is listed because you did not have one last year, please enter an address you have now.

1. Press the "TAB" key to move to the desired field.
2. Press the "ENTER" key, when you have corrected or completed the information requested.
3. Press the "Enter" key to proceed to the next screen, or
4. Type "M" in SEL:__ to return to the main menu.

Chg Officer:	Enter Correct Officer's Name, if correct, press "TAB" key.
Chg Add 2:	Enter correct P.O.B. or Street Address, if correct, press "TAB" key
Chg City Zip:	Enter correct City Zip1 & 2, if correct, press "TAB" key
Chg Phone #:	Enter Correct Phone Number, if correct, press "TAB" key
Chg Fax #:	Enter Correct Fax Number, if correct press "TAB"

key

E-mail Address: Enter correct E-mail Address, if correct press "TAB" key

ATTENTION: CONSTITUTIONAL OFFICERS

```
11/15/01
SCB9UO02

 ATTENTION: CONSTITUTIONAL OFFICER
 THESE SCREENS WILL DISPLAY CONFIDENTIAL SALARY INFORMATION FOR ALL
 EMPLOYEES IN YOUR OFFICE

  ********************************************************
  *                     IMPORTANT                       *
  *  READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REQUEST *
  ********************************************************

  ENTER PAGE AT WHICH TO BEGIN (IF OTHER THAN 1):  1
  **OR**
  ENTER 'T' TO GO DIRECTLY TO TOTAL PAGE: _
  **OR**
  ENTER 'M' TO RETURN TO MENU: _
  **OR**
  ENTER SSN AT WHICH TO BEGIN: _____
```

This is the initial screen that will be displayed when selection "2" is made on the On-line Budget Menu.

WARNING: These screens will display Salaries and other personal information for all employees in your office.

1. This screen displays 4 choices. Upon initial entry into the Budget Request System we strongly recommend that you choose the first option, and begin to scroll from the default page number (1) through the entire permanent personnel.

2. Press the "TAB" key to move to the desired field.

> **ENTER PAGE AT WHICH**
> **TO BEGIN (IF OTHER THAN 1)**: The default is '1', you may change the number to specify any page number, as long as it is a valid page number.
> **ENTER 'T' TO GO DIRECTLY**
> **TO TOTAL PAGE:**   Enter "T" on this line only if entering the system to check totals.
> **ENTER 'M' TO RETURN**
> **TO MENU:**   Enter "M" if you are in the Salaries of current employees section in error, or you decide not to process the section at this time.
> **ENTER SSN AT WHICH TO BEGIN:**   Enter employee's SSN here if you wish to begin the display of permanent personnel records with a selected record instead of paging through the records.

1. Press the "ENTER" key to proceed to the next screen.

This page left intentionally blank.

PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

```
 SEL: _  (2) 11/15/01 PART I(A) SAL OF CUR PERM EMPL    SCB9UO02  PAGE:
  4
       YY: 20055 LOC: 460 OFF: 304 OFFICER: JOHN T MONROE,SUPT
     POS       SSN        LAST NAME            INIT          RE-
ANN
 *YRS - MO HRS ANN SAL LOC SAL  TOT SAL AMT REQ   SAL   CLASS  CLASS
SAL
   EMP    WK   APPROV  SUPPL   INC SUP  ABOVE    AMT REQ
ADJ
     00042   2222222222   JONES                    CJ
                21247                           21247   R  C7
 *  6 -   40.0  21247     0   21247    2501    17748 *      R  C8
 Y

     00028   3333333333   OSMOND                   GL
                21247                           21247   R  C7
 *  2 -   40.0  21247   2000   23247             21247
 Y

     00059   4444444444   SMITH                    GD
                28373                           28373   R  C7
 * 15 -   40.0  28373   2000   30373             28373
 Y

     00040   5555555555   JAMES                    SD
                21247                           21247   R  C7
 *  6 -   40.0  21247     0   21247             21247
 Y

  TRANSACTION PROCESSED SUCCESSFULLY       * 'BELOW MINI' OR 'ABOVE
MAX'
```

This screen displays each position record for your office. There are up to four records displayed on each screen. There will be as many screens as are required to display all position records for your office. The position number, social security number, last name, initials, annual salary for the position, salary amount requested, class code, hours worked and the annual salary adjustment indicator are initially supplied for each position. For each position you must enter years/months employed (if not supplied) and the local salary supplement. You may also correct the class code, request a reclassification of the class code, and request an amount above the current salary for the position. If salary adjustments are made to the salary amount requested the system will calculate the difference from the annual salary approved and place the difference in the amount requested above field.

Tip: *When the __same employee__ remains with the __same position number__ they had last fiscal year, the "Years Of Service" will be supplied based upon the number of years entered last year, plus 1 year. The "Hours Required To Work Per Week" will be supplied as entered last year for __all__ positions on last year's budget request. For NEW positions, you will be required to enter both the "Years of Service" & "Hours required to work per week". Be careful, as the system will not let you proceed to the next screen until all required fields are completed.*

Note: Positions listed as "EC7", "ECS7", etc. were granted as Temporary Positions(s) funded through 6/30/02. Please explain why the Temporary Position(s) will continue to be needed. You may use the Comment Screens, menu selection "E", to record this explanation.

PERSONNEL CHANGES (CB10S) PROCESSED BY THE COMPENSATION BOARD TECHNICIANS DURING THE TIME PERIOD THAT THE ONLINE BUDGET SYSTEM IS AVAILABLE TO YOUR OFFICE WILL AUTOMATICALLY UPDATE PERSONNEL AND SALARY INFORMATION TO THIS SCREEN. PLEASE BE AWARE OF ANY PENDING CB10S YOU HAVE THAT WILL BE PROCESSED DURING THIS PERIOD AND PRIOR TO THE SIGN OFF OF YOUR ONLINE BUDGET REQUEST. THE PROCESSING OF A CB10 <u>WILL ELIMINATE</u> ANY SALARY INCREASE AND/OR RECLASSIFICATION REQUEST PREVIOUSLY ENTERED ON THIS SCREEN FOR THE AFFECTED POSITION IF THE OFFICER HAS NOT YET SIGNED OFF ON THE COMPLETED BUDGET REQUEST. IF THE TYPE OF REQUEST ENTERED FOR THE AFFECTED POSITION PRIOR TO THE PERSONNEL CHANGE IS STILL DESIRED AFTER THE PERSONNEL CHANGE, THE REQUEST WILL NEED TO BE RE-ENTERED PRIOR TO SIGN OFF BY THE OFFICER.

PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

1. Press the "TAB" key to move to the next field of entry, or, hit the enter key and the cursor will move to the next required field.

2. Type "X" on the line next to the position number, ONLY if the supplied Social Security Number or Last Name is incorrect, or has not been updated with an approved on-line CB10. This action will take you to another screen after all information on this screen has been entered. Please turn this page to see the screen-print and for instructions on entering information on the screen .

3. Press the "TAB" key to move to the next field of entry.

4. The rows and corresponding field names that are marked with an asterisk (*) identify the fields and lines in each position record that may be altered.

5. The number displayed in parentheses (2), is used to redisplay the screen for data entry, without returning to the main menu, when number is entered in SEL＿.

Field 1: Yrs Worked:	Enter the number of years employed in a Compensation Board full time approved position. **Supplied for employees with same position number as last fiscal year.**
Field 2: Months Worked:	Enter the number of months employed if less than one year, or the number of months in excess of the full year. The value entered may be 00-11. **Supplied for employees with same position number as last fiscal year.**
Field 3: Hrs Worked:	Enter the hours required to be worked per week, if hours supplied (37.5) is incorrect. **Supplied for all positions, with exception of "NEW" positions**
Field 4: Ann Sal Approv:	Enter correct salary here, if the supplied Annual Salary Approved is incorrect.
Field 5: Loc Sal Suppl:	Enter the amount the position is supplemented by the locality, enter 0 if no supplement.
Field 6: Tot Sal Inc Sup:	**This field will be calculated for you**: Compensation Board Approved Salary plus the Locality Supplement.
Field 7: Amt Req Above:	**This field will be calculated for you** if you change the Salary amount requested.
Field8: Sal Amt Req:	Enter here, if the salary supplied is different than the salary you desire for this employee.
Field 9: Class:	Enter **correct** Class here, if the Class supplied is incorrect.**(Not for RECLASS)**
Field 10: ReClass:	Enter here, if you are requesting a **RECLASS** for the employee currently in this position. You Must Provide A Job description for each position you are requesting to be reclassified, or have Delegation of Classification Authority. **(DO NOT ENTER AN ONLINE CB10 FOR THIS REQUEST)**
Field 11: Sal Adj:	Enter here, only if you do not wish the employee listed to receive an annual salary increase. Enter "N" for no.

6. After all information has been entered on the screen, press the "Enter" key.

7. Press the "Enter" key to proceed to the next screen, or

8. Type "M" in SEL: to go back to the main menu.

NOTE: **The Message " * Below Mini" or the message " * Above Max" will appear at the bottom of your screen if the class or salary requested is not a valid class or salary.**

An asterisk (*) will also appear beside that position number for Compensation Board to correct.

Social Security Number And Name Changes

```
SEL: _  (2) 11/15/01 PART I(A) SAL OF CUR PERM EMPL    SCB9UO02  PAGE:
 1
       YY: 2005  LOC: 400 OFF: 304  OFFICER: JOHN T MONROE
     POS      +-------------------------------------------------+
ANN
 *YRS - MO HRS  |                                                 |
SAL
   EMP    WK  |   SEL:                                  SCB9UO02 |
ADJ
  X  00004   2 |            SSN AND NAME CHANGES FOR              |
              |    11/15/01  CURRENT PERMANENT EMPLOYEES         |
 * 20 - __ 40.0 |                                                 |
 Y
              |   YY: 2005 LOC: 400 OFF: 304                     |
  _   00011   2 |           OFFICER: JOHN T MONROE                |
              |                                                 |
 *  4 - __ 40.0 | POS     SSN          LAST NAME        INIT    |
 Y
              |  00004  777777777   TERRY              MD       |
  _   00008   2 |         888888888   JOHNSON_____  MD_   |
              |                                                 |
 *  7 - __ 40.0 |                                                 |
 Y
              |                                                 |
  _   00007   2 |                                                 |
              |                                                 |
 *  2 -  2 40.0 |                                                 |
 Y
              +-------------------------------------------------+
```

This window within the permanent employee screen will display the position number, social security number, last name, and initials of the current employee in the selected position and allow the correction of the SSN, the last name or the initials.

1. Type "X" on the line next to the position number.
2. Press "TAB" to "Annual Salary Approved" only if the salary is incorrect on this screen and you have an approved CB10.
3. Press the "ENTER" key.
4. Press the "TAB" key to move to the next field of entry

> **Field 1: SSN#:**   Enter the Employee's correct Social Security Number, if the supplied number is incorrect, "TAB"
> **Field 2: Last Name**:   Enter the Employee's Last Name, "TAB"
> **Field 3: Init**:   Enter the Employee's first and middle initials.

5. Press the "Enter" key after completing requested information to return to the previous screen, (Permanent Personnel).

Note: Positions listed as "EC7", "ECS7", etc. were granted as Temporary Positions(s) funded through 6/30/02. Please explain why the Temporary Position(s) will continue to

be needed. You may use the Comment Screens, menu selection "E", to record this explanation.

The CB10s will update your permanent personnel screen on the OFFICERS LINE (2ND LINE) when the pending CB10s are approved by your program technician. When entering CB10s with effective dates of January 1st - 31ST , please be sure to check your permanent personnel screens to make sure the CB10s have not affected your intended salary request for that position. Once the Officer has certified his request (signed-off). CB10s will then update the Compensation Board line (3rd Line).

PART I (A) TOTAL SALARY OF CURRENT PERMANENT EMPLOYEES

```
SEL: _ (2)              PART I(A) SAL OF CUR PERM EMPL            SCB9UO02
 11/15/01

YY: 2005 LOC: 400 OFF: 304  OFFICER: JOHN T MONROE

TOTAL PART I(A)

              ANN SAL      LOC SAL     TOT SAL     AMT REQ     SAL AMT
              APPROV        SUPPL      INC SUP      ABOVE        REQ

              358841                                           358841
              358841           0       124303    +       0     358841
                   0                         0    +       0          0
```

The PART I (A) salary totals for the current permanent employees for your office are displayed on this screen.

1. The 1st line of totals is supplied, based on salaries as approved December 31.

2. The 2nd line of totals is re-calculated based on changes made to the current permanent employees' salaries and amounts requested. Please check the amounts on the 2nd line, for substantial differences from the supplied information, as there may be a chance for keying errors.

3. The 3rd line of totals will reflect CB approved amounts on and after May 1.

4. Press the "Enter" key to proceed to the next screen, or

5. Type "M" in SEL__: to go back to the main menu.

PART I (B) ADDITIONAL EMPLOYEES REQUESTED

```
SEL: _  (3)              PART I(B) ADDITIONAL EMPL REQ      SCB9UO04  PAGE:
 1
  12/02/98
 YY: 2005 LOC: 460 OFF: 304 OFFICER: JOHN T MONROE, SUPT
           CLASS      ENTRY     NUM OF        TOTAL AMT
                     LEV SAL   POSITIONS         REQ
           R  C7    _21726       01             21726
           RSEC1    ‾16996       01             16996
           R CKA    ‾16996       02             33992
           RPMED    ‾14166       03             42498
           RPTRT    ‾14166       01             14166
           RPCLS    ‾14166       02             28332
           RPREC    ‾14166       01             14166
     OTHER           ‾

     TRANSACTION PROCESSED SUCCESSFULLY
```

This screen will be displayed from selection "3" on the On-line Budget Menu. The screen will display predefined classes for each office along with the entry-level salary for each class. You may request additional positions of a predefined class or enter a request for a class that has not been predefined for your office. If additional positions are requested, the system will calculate the total amount for each class based on the number of positions requested.

Note: Complete this section to request additional full-time Compensation Board funded positions.

1. Press the "TAB" key to move to the next field of entry.
2. Complete this section - **These are required fields**, you must enter a '0' or the number of additional full-time Compensation Board funded positions requested.

   Field 1: **Number of Positions:**   Enter '0' or the number of positions requested. "TAB" to the next field.

   Field 2: Number of Positions: Enter '0' or the number of positions requested. "TAB" to the next field.

   Field 3: Number of Positions: Enter '0' or the number of positions requested. "TAB" to the next field.

   Field 4: Number of Positions: Enter '0' or the number of positions requested. "TAB" to the next field.

   Field 5: Number of Positions: Enter '0' or the number of positions requested. "TAB" to the next field.

   Field 6: Number of Positions: Enter '0' or the number of positions requested. "TAB" to the next field

   Field 7: Number of Positions: Enter '0' or the number of positions requested. "TAB" to the next field.

   Field 8: Other - Class: Enter a CB defined class if requesting a class other than the pre-listed classes above.

   Field 9: Entry Lev Sal: Enter Salary requested or leave blank if no CLASS request was made in the previous field

   Field 10: Number of Positions: Enter the number of positions requested, if a class has been entered, you are required to enter the number of positions.

3. Press the "Enter" key after completing the information requested.
4. Press the "Enter" key to proceed to the next screen, or
5. Type "M" in SEL: to go back to the main menu.

NOTE: The Compensation Board approved workload based staffing standards as recommended by the Virginia Sheriff's Association. Any new positions approved by the General Assembly or any reallocated positions will be allocated by the Compensation Board in FY05, as they were in FY04, based upon the request and in accordance with the Compensation Board's staffing standards. `Please see the Compensation Board Operating Manual for Compensation Board criteria for allocating new positions.

TOTAL - PART I (B) ADDITIONAL EMPLOYEES REQUESTED

```
SEL: _ (3)              PART I(B) ADDITIONAL EMPL REQ          SCB9UO04
 11/15/01                       OFFICE TOTAL

YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE

  TOTAL PART I(B)
                              TOTAL
          CLASS      ENTRY    NUM OF       TOTAL AMT
                    LEV SAL  POSITIONS        REQ

                                  6         105776
```

This screen will display the total number and total salaries of additional positions requested

PART II. PART-TIME EMPLOYEE FUNDING

```
 SEL: _  (4)              PART II PART TIME EMP FUNDING
SCB9UO05
   11/15/01

 YY: 2005  LOC: 400  OFF: 304   OFFICER: JOHN T MONROE

          (A)             (B)            (C)
       BASE AMT        AMT REQ       TOTAL
        APPROV         ABOVE/         REQ
                        BELOW

         21661
         21661        _____         21661
```

This is the initial screen that will be displayed when selection "4" is made on the On-line Budget Menu. The budgeted amount for the prior fiscal year for part time employee funding is displayed in Column (A). You must enter a request for either an additional amount, a reduced amount or no change in the amount from the prior year. If additional or reduced funding is requested the system will recalculate the total amount requested.

The "Base Amount Approved for the Current Fiscal Year" has been supplied. Please check this amount to your Original July 1 Approved Budget to make sure that transfers approved during the current year are not included in this figure, unless the approved Compensation Board transfer letter states that this a BASE BUDGET ADJUSTMENT.

1. Complete this section - **These are required fields**.

2. Press the "TAB" key to go to the next field of entry.

> **Field 1: Base Amt Approved**: Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board Action.
>
> **Field 2: Amt Req Above/Below:** Enter '0', the additional amount or a lesser amount. For the lesser amount enter (-) in front the amount.
>
> **Field 3: Total Req:** This field will be calculated for you.

3. Press the "Enter" key after completing the information requested.

4. Press the "Enter" key to proceed to the next screen, or

5. Type "M" in SEL__: to go back to the main menu.

PART II (B) POSITIONS FULLY OR PARTIALLY FUNDED BY CB, LOC OR OTHER NOT INCLUDED IN PART I (A)

```
SEL: _  (5)   PART II(B) POS FULLY OR PART FUNDED BY     SCB9UO06  PAGE:
1
  11/15/01    CB, LOC OR OTHER NOT INCL IN PART I(A)
  YY: 2005   LOC: 400  OFF: 304  OFFICER: JOHN T MONROE
  LAST NAME             INIT    CLASS   HR   ANNUAL   TOT
                                        RATE WRK HR   FUNDS    CB LOC FED
OTHER
   THOMAS_____  S__    L7___  _10.04 2080    20883  X    X
   JAMES_____  T__    C7___  __9.50 2080    19760  X
   COOPER_____  J__    C7___  __9.82 _500     4910  X
                                                 _____
                                            ____
   TRANSACTION PROCESSED SUCCESSFULLY                     TOT FUNDS:
45553
```

This is the initial screen that will be displayed when selection "5" is made on the On-line Budget Menu. This screen should be used to enter salary information of positions fully or partially funded by the Compensation Board, the Locality or other sources. This does not include positions identified as current permanent employees in Part I (A) , which may be supplemented by another source. For each temporary employee for whom reimbursement will be requested from CB approved part time funding, you must provide the last name, the initials, the class, the hourly rate, the planned number of hours to be reimbursed for the fiscal year and the source(s) of funding for the personnel. Upon entry of the required fields, the system will calculate the fund amount for each person and the total funds for your office.

Complete this section - Do not include employees listed in Part I (A) Salaries of Permanent Employees. These fields are not required unless a name is entered in field 1. Therefore, **do not type** "NONE" if you do not have an employee of this type. If you enter a last name, you must also enter all of the information for that record.

1. If you enter Last Name (Field1), you must also enter a value in fields 2-5 and enter an "X" in at least one of fund source fields (7, 8, 9 or 10). You may enter an "X" in as many of the fields as are applicable for that record.
2. To delete an existing line from this screen, BLANK all the fields in which you have made an entry.
3. Press the "TAB" key to go to the next field of entry.

> **Field 1: Last Name:** Enter the employee's last name; if the last name is unknown, type "UNKNOWN" in this field.
>
> **Field 2: Init:** Enter the employee's first & middle initials.
>
> **Field 3: Class:** Enter the employee's class.
>
> **Field 4: Hr Rate:** Enter the employee's hourly rate.
>
> **Field 5: Annual Work Hr:** Enter the total number of hours worked **annually**.
>
> **Field 6: Tot Funds:** **This field will be calculated for you**
>
> **Field 7: CB:** Enter "X", if employee is partially or fully funded by the Compensation Board from Part-time funds.
>
> **Field 8: Loc:** Enter "X", if employee is partially or fully funded by the Locality.
>
> **Field 9: Fed:** Enter "X", if employee is partially or fully Federally funded.

Field 10: Other: Enter "X", if employee is partially or fully funded by other sources.

4. Press the "Tab" key to go to Field 1 on the next line to list additional employees, or
5. Press the "Enter" key after completing the information requested.
6. Press the "Enter" key again to proceed to the next screen, or
7. Type "M" in SEL: to return to the Main Menu.

PART III. OFFICE EXPENSES

```
SEL: _  (6)              PART III OFFICE/VEHICLE MAINTENANCE
SCB9UO07
  11/15/01                 SUPERINTENDENT/REGIONAL JAIL

 YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE

STATIONERY, OFFICE SUPPLIES, PRINTING (FORMS AND LETTERS)
POSTAGE/BOX RENTAL, TELEPHONE (TAX EXCLUDED),
REPAIRS TO OFFICE FURNITURE AND EQUIPMENT,
OTHER NECESSARY EXPENSES INCLUDING ASSOCIATION DUES
POLICE SUPPLIES FOR SUPERINTENDENTS VEHICLE EXPENSES
REPAIRS TO POLICE RADIO EQUIPMENT

                                    (A)      +    (B)    =
(C)
                                 BASE AMT     AMT REQ
TOTAL
                                  APPROV      ABOVE/
REQ
                                              BELOW
   TOTAL OFFICE EXPENSES (PART III)     19059
                                        19059      _____
19059
```

This is the initial screen that will be displayed when selection "6" is made on the On-line Budget Menu for your office. The total office expenses for the prior year will be displayed. You must enter a request to increase, decrease or retain the same amount as the base amount approved by entering an amount in the "amount requested above/below approved" field. The system will recalculate the office total based on the amount entered.

The amount requested above/below is a required field. Participation of the Compensation Board in Office Expenses is limited to certain items as provided by the Code of Virginia (1950), as amended. Any additions or transfers made during the current fiscal year may be included in the supplied figures. Please check the supplied amount to your original Compensation Board approved Budget, and approval letters affecting the base budget.

1. Complete this section - These are required fields.
2. Press the "TAB" key to go to the next field of entry.

    Field 1: Base Amt. Approved: Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board action.

    Field 2: Amt Req Above/Below Approved: Enter '0', an additional amount or a lesser amount. For a lesser amount enter (-) in front of the amount.

Field 3: Total Request: This field will be calculated for you.

3.   Press the "Enter" key after completing the information requested.
4.   Press the "Enter" key again to proceed to the next screen, or
5.   Type "M" in SEL to return to the main menu.

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PART IV. EQUIPMENT - DATA PROCESSING - CATEGORY A

```
SEL: _  (7)   PART IV EQUIPMENT    DATA PROCESSING        SCB9UO08  PAGE:
 1
  11/15/01   YY: 2005   LOC: 400   OFF: 304   OFFICER: JOHN T MONROE
  CATEGORY: A
 *UNIT CST    N QTY     N TOT COST   R QTY    R TOT COST   TOT QTY    TOT COST
   VCIN PACKAGE
 * ___6172      __                    __

   LIVESCAN
 * __39000      __                    __

   FILE SERVER
 * _____      __                    __

   MODEM
 * _____      __                    __

   PERSONAL COMPUTER
 * _____      __                    __

   PRINTER
 * _____      __                    __
```

SECOND SCREEN

```
SEL: _  (7)   PART IV EQUIPMENT    DATA PROCESSING        SCB9UO08  PAGE:
 2
  11/15/01   YY: 2005   LOC: 400   OFF: 304   OFFICER: JOHN T MONROE
  CATEGORY: A
 *UNIT CST    N QTY     N TOT COST   R QTY    R TOT COST   TOT QTY    TOT COST
   SCANNER_____
 * _____      __                    __


 * _____      __                    __
   _____

 * _____      __                    __
   _____

 * _____      __                    __
   _____

 * _____      __                    __
   _____

 * _____      __                    __
```

These screens will be displayed when selection "7" is made on the On-line Budget Menu. These screens allow the entry to request data processing equipment items along with the unit cost and quantity. The system will calculate the total amount for each item and the total amount for all items for your office.

PART IV. EQUIPMENT - DATA PROCESSING - CATEGORY A

1. Complete this section for data processing equipment, press enter if you are not making a request for prelisted equipment.

2. Please refer to your Compensation Board Operating Manual, Appendix 1, for minimum specifications for reimbursement of personal computers.

3. "TAB" to the asterisks (*) line of the desired pre-listed equipment, if not already pre-listed, when pre-listed "Tab" to N Qty or R Qty.

> **Field 1: Equip:** Pre-listed, not accessible
>
> **Field 2: Unit Cost:** Enter unit cost of the equipment requested.
>
> **Field 3: N Qty:** Enter the quantity here if this is NEW equipment that you do not presently have.
>
> **Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

4. Press the "Enter" key after entering all requested pre-listed data processing equipment.

5. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

   SECOND SCREEN:

> **Field 1: Equip:** Enter the type of equipment requested if not on the pre-listed screen (example: disk drive, memory upgrade, etc.)
>
> **Field 2: Unit Cost:** Enter unit cost of the equipment requested.
>
> **Field 3: N Qty:** Enter the quantity here if this is NEW equipment that you do not presently have.
>
> **Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

6. Press the "Enter" key after entering requested information.

7. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

8. Press the "Enter" key again to proceed to the next process, or

9. Type "M" in the select field to return to the menu.

   NOTE: The Compensation Board may require justification for these items upon review of your budget request.

PART IV EQUIPMENT - OFFICE EQUIPMENT - CATEGORY B

```
 SEL: _  (7)   PART IV EQUIPMENT   OFFICE EQUIPMENT          SCB9UO08
PAGE:  1
   11/15/01   YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE
   CATEGORY: B
  *UNIT CST    N QTY    N TOT COST  R QTY   R TOT COST  TOT QTY   TOT COST
    CALCULATOR
  * _____    ___                  ___

    COPIER
  * _____    ___                  ___

    FAX MACHINE
  * _____    ___                  ___

    MAIL MACHINE
  * _____    ___                  ___

    POSTAGE SCALE
  * _____    ___                  ___

    SHREDDER
  * _____    ___                  ___
```

SECOND SCREEN

```
 SEL: _  (7)   PART IV EQUIPMENT   OFFICE EQUIPMENT        SCB9UO08  PAGE:
 2
   11/15/01   YY: 2005   LOC: 400   OFF: 304   OFFICER: JOHN T MONROE
   CATEGORY: B
  *UNIT CST    N QTY    N TOT COST  R QTY   R TOT COST  TOT QTY   TOT COST
    _____
  * _____    ___                  ___

  * _____    ___                  ___
```

These screens may be used for the request of office equipment. These screens allow entry to request office equipment items along with the unit cost and quantity. The system will calculate the amount of each item and the total amount for all items for your office.

PART IV EQUIPMENT – OFFICE EQUIPMENT - CATEGORY B

1. Complete this section for Office Equipment, press enter if you are not making a request for prelisted equipment.

2. "TAB" to the asterisks (*) line of the desired pre-listed equipment

   Field 1: Equip: Pre-listed, not accessible.

   Field 2: Unit Cost: Enter unit cost of the equipment requested.

   Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

3. Press the "Enter" key after entering all requested pre-listed office equipment.

4. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

   SECOND SCREEN:

   Field 1: Equip: Enter the name of the type of equipment requested if not on the pre-listed screen (example: adding machine, etc.)

   Field 2: Unit Cost: Enter unit cost of the equipment requested.

   Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

5. Press the "Enter" key after entering requested information.

6. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

7. Press the "Enter" key again to proceed to the next process, or

8. Type "M" in the select field to return to the menu.

   NOTE: The Compensation Board may require justification for these items upon review of your budget request.

PART IV. EQUIPMENT - FURNITURE - CATEGORY C

```
SEL: _  (7)  PART IV EQUIPMENT   FURNITURE            SCB9UO08  PAGE:
 1
  11/15/01  YY: 2005   LOC: 400  OFF: 304  OFFICER: JOHN T MONROE
  CATEGORY: C
 *UNIT CST   N QTY    N TOT COST  R QTY   R TOT COST  TOT QTY   TOT COST
   BOOKCASE
 * _____    ___                  ___
   CHAIR
 * _____    ___                  ___
   DESK
 * _____    ___                  ___
   FILE CABINET
 * _____    ___                  ___
   WORK STATION
 * _____    ___                  ___
   _____
 * _____    ___                  ___
```

This screen may be used to request funding for furniture.

1. Complete this section for Furniture, press enter if you are not making a request for prelisted furniture.
2. "TAB" to the asterisks (*) line of the desired pre-listed furniture

> **Field 1: Equip:** Pre-listed, not accessible.
>
> **Field 2: Unit Cost:**   Enter unit cost of the furniture requested.
>
> **Field 3: N Qty:** Enter the quantity here if this is NEW furniture that you do not presently have.
>
> **Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing furniture.

3. Press the "Enter" key after entering all requested pre-listed furniture.
4. Press the "Enter" key after entering requested information.
5. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
6. Press the "Enter" key again to proceed to the next process, or
7. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

PART IV. EQUIPMENT - RADIO EQUIPMENT - CATEGORY D

```
 SEL: _  (7)   PART IV EQUIPMENT   RADIO EQUIPMENT            SCB9UO08
PAGE:  1
  11/15/01  YY: 2005   LOC: 400   OFF: 304   OFFICER: JOHN T MONROE
  CATEGORY: D
 *UNIT CST    N QTY    N TOT COST   R QTY   R TOT COST   TOT QTY    TOT COST
   BASE STATION
 * _____    __                   __

   HAND HELD MOBILE
 * _____    __                   __

   MOBILE
 * _____    __                   __


   _____
 * _____    __                   __
```

NOTE: NOT APPLICABLE FOR REGIONAL JAILS

This screen can be used to request funding for radio equipment.

1. Complete this section for Radio Equipment, press enter if you are not making a request for prelisted radio equipment.
2. "TAB" to the asterisks (*) line of the desired pre-listed radio equipment.

> **Field 1: Equip:** Pre-listed, not accessible.
>
> **Field 2: Unit Cost:**   Enter unit cost of the radio equipment requested.
>
> **Field 3: N Qty:** Enter the quantity here if this is NEW radio equipment that you do not presently have.
>
> **Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing radio equipment.

3. Press the "Enter" key after entering all requested pre-listed radio equipment.
4. Press the "Enter" key after entering requested information.
5. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
6. Press the "Enter" key again to proceed to the next process, or
7. Type "M" in the select field to return to the menu.
8.
NOTE: The Compensation Board may require justification for these items upon review of your budget request.

PART IV - TOTAL EQUIPMENT

```
 SEL: _ (7)           PART IV EQUIPMENT              SCB9UO08
  11/15/01              OFFICE TOTAL
 YY: 2005  LOC: 400 OFF: 304 OFFICER: JOHN T MONROE


N QTY   N TOT CST  R QTY  R TOT CST   TOT QTY  TOT COST    STRESS FACTOR
TOTAL CATEGORY A: (DATA PROCESSING)
  6     13650               6       13650       9317


TOTAL CATEGORY B:  (OFFICE EQUIPMENT)
  4     6300                4       6300        4300


TOTAL CATEGORY C:  (FURNITURE)


TOTAL CATEGORY D:  (RADIO EQUIPMENT)



 GRAND TOTAL:
  10     19950               10      19950       13617
```

This screen will be displayed if you depress the enter key after processing the other equipment screens when the select field is blank. The totals for each category of equipment funding will be displayed as well as the total for the office for all categories and the stressed totals for the office for all categories. Your office will have equipment Categories A, B, C and D.

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```
SEL: _  (A)   PART V WORKLOAD MEASURES SUPERINTENDENTS/REGIONAL JAILS
  SCB9US21
  11/15/01   YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE
 1.  CIVIL                                         CY01    CY02    CY03
     SUBPOENAS SERVED                              9359    8659    8659
     JURY SUMMONS SERVED                              0     798     798
     CRIMINAL WARRANTS SERVED                       194     346     346
     DMV NOTICES SERVED                              79       0      79
     LEVIES EXECUTED                                 72      34      50
     OTHER CIVIL PROCESS SERVED                   16382   18000    1800
 2.  INMATES
     INMATE TRANSPORTS OTHER THAN TO LOC CRTS       208     328     328
     MENTAL PATIENT TRIPS WITHIN JURISDICTION        64      83      83
     MENTAL PATIENT TRIPS OUT OF JURISDICTION        16       0       0
     EXTRADITIONS COMPLETED                           2       4       4
     FED PRISONER DAYS              5
     FED PRISONER AMT PER DAY       $2.00
```

This screen will be displayed when "A" is selected on the On-line Budget Menu or when the enter key is depressed on the Equipment totals screen and the select field is blank. This screen must be processed and an amount must be entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia. Information requested is based **on the most recent calendar year.**

1. Turn to the next page or last Workload Screen in this section (PART V) to see definitions for each Workload Measure requested on the screen(s).

2. Press the "TAB" key to go to the first field of entry. **These are required fields**.

3. Enter the number of transactions for each workload measure listed, if not applicable to your office enter '0', and "TAB" to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)

4. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.

5. Press the "ENTER" key after entering the information requested.

6. Press the "ENTER" key again to proceed to the next screen or,

7. Type "M" in SEL__: (at the top of the screen) to return to the main menu.

1.   CIVIL   (PERSONAL SERVICE ONLY, DO NOT INCLUDE 'MAILED' SERVICES) NOT APPLICABLE FOR REGIONAL JAILS

1a.   **SUBPOENAS SERVED:** Enter the number of subpoenas served.

1b.   **JURY SUMMONS SERVED:**   Enter the number of jury summons served.

1c.   **CRIMINAL WARRENTS SERVED:**   Enter the number of criminal warrants served.

1d.   **DMV NOTICES SERVED:** Enter the number of DMV notices served.

1e.   **LEVIES EXECUTED:** Enter the number of levies executed.

1f.   **OTHER CIVIL PROCESS SERVED:**   Enter the number of civil process served.

2.   INMATES (REQUIRED FOR REGIONAL JAILS)

2a.   **INMATE TRANSPORTS:**   Enter the number of trips to transport inmates to doctor, hospital, courts outside jurisdiction, other jails, Department of Corrections. Do not include transports to court in your jurisdiction.

2b.   **MENTAL PATIENT TRIPS WITHIN JURISDICTION:**   Enter the number of trips to transport mental patients within jurisdiction.

2c   **MENTAL PATIENT TRIPS OUT OF JURISDICTION:**   Enter the number of trips to transport mental patients out of jurisdiction.

2d.   **EXTRADITION COMPLETED:**   Enter the number of trips for Extraditions completed.

2e.   **FED PRISONER DAYS:** Enter the number of Federal prisoner days, charged/sentenced, violation of U.S. Code.

2f.   **FED PRISONER AMT:** Enter the amount charged per prisoner day (dollars and cents e.g. $30.00) to house Federal prisoners.

PART V. WORKLOAD MEASURES (SECOND SCREEN)

```
 SEL: _  (A)  PART V WORKLOAD MEASURES SUPERINTENDENTS/REGIONAL JAILS
SCB9US21
  11/15/01


  YY: 2005  LOC: 400  OFF: 304   OFFICER: JOHN T MONROE

 3.  CIRCUIT COURT                              CY01   CY02   CY03
     CIRCUIT COURT DAYS                         306    347   _____
     AVG NUM CIRCUIT CT JUDGES        _____
 4.  GENERAL DISTRICT COURT
     GENERAL DISTRICT CT DAYS                   214    266   _____
     AVG NUM GEN DIST CT JUDGES       _____
 5.  JUVENILE AND DOMESTIC RELATIONS COURT
     JDR COURT DAYS                             415    473   _____
     AVG NUM JDR JUDGES               _____
```

NOTE: NOT APPLICABLE FOR REGIONAL JAILS

This screen will be displayed after the completion of the 1st screen of workload factors when the enter key is pressed and the SEL field is blank. This screen must be processed and an amount entered for the each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia. Information requested is based **on the most recent calendar year**.

1. Press the "TAB" key to go to the first field of entry. **These are required fields**.

2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter '0', and "TAB" to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)

3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.

4. Press the "ENTER" key after entering the information requested.

5. Press the "ENTER" key again to proceed to the next category or,

6. Type "M" in SEL: (at the top of the screen) to return to the main menu.

3. CIRCUIT COURT

3a. **CIRCUIT COURT DAYS:** Enter the total number of court days of Circuit Court.

3b. **AVG NUM CIRCUIT CT JUDGES:** Enter the average number Circuit Court judges regularly sitting in your jurisdiction.

4. GENERAL DISTRICT COURT

4a. **GENERAL DISTRICT CT DAYS:** Enter the total number of court days of General District Court.

4b. **AVG NUM GEN DIST CT JUDGES:** Enter the average number of General District Court judges regularly sitting in your jurisdiction.

5. JUVENILE AND DOMESTIC RELATIONS COURT

5a. **JDR COURT DAYS:** Enter the total number of court days of Juvenile and Domestic Relations court.

5b. **AVG NUM JDR JUDGES:** Enter the average number of Juvenile and Domestic Relation court judges regularly sitting in your jurisdiction.

PART VI. CERTIFICATION OF EMPLOYEE PERFORMANCE EVALUATION PLAN

```
 SEL: _  (B)                        CERTIFICATION OF
SCB9UO13
  11/15/01              EMPLOYEE PERFORMANCE EVALUATION PLAN
 YY: 2005   LOC: 400     OFF: 304    OFFICER: JOHN T MONROE
 CERTIFICATION THE EMPLOYEE PERFORMANCE EVALUATION PLAN CURRENTLY IN
EFFECT
 OF EMPLOYEE FOR THIS OFFICE, ADOPTED ON 06 / 01 / 1991 , INCORPORATES
ALL
 PERFORMANCE OF THE FOLLOWING CRITERIA:
 EVALUATION PLAN
                        1. JOB DESCRIPTION
                        2. WRITTEN PERFORMANCE PLAN
                        3. PERFORMANCE EVALUATION AND INTERVIEW WITH EMPLOYEE
                        4. SIGNATURES OF EMPLOYEE AND IMMEDIATE SUPERVISOR

                                   OFFICER APPROVAL USER ID: _____
 ******************************** O R ********************************
 CERTIFICATION OF   THIS OFFICE 'DOES NOT' CURRENTLY PARTICIPATE IN AN
EMPLOYEE NON-PARTICIPATION   PERFORMANCE EVALUATION PLAN WHICH MEETS THE
CRITERIA SET IN EMPLOYEE BY THE COMPENSATION BOARD.
 PERFORMANCE
 EVALUATION PLAN

                                   OFFICER APPROVAL USER ID: _____
```

This screen will be displayed when "B" is selected on the On-line Budget Menu or when the enter key is pressed at the completion of the workload measures process if the select field is blank. You are required to provide either the date of the establishment of your evaluation program and your Officer Approval User ID or your Officer Approval User ID if your office does not have an evaluation plan.

TIP: The Date of the establishment of your evaluation program will be displayed as it was entered last year. If you no longer have an evaluation program or if you are a new officer and elect not to adopt the previous officer's evaluation program you may erase the date and enter your OFFICER APPROVAL USER ID in the "DOES NOT" have an evaluation plan (lower portion of this screen).

Complete this section. **These fields are required**.
   1. Press the "Tab" key to the desired field. Please enter your USERID on one line only (Field 2 or Field 3).

   Field 1: Date adopted: Date Performance Evaluation Plan was adopted has been provided, if correct "TAB" to next field of entry. If that date is no longer applicable erase the date and enter the new date and "TAB" to the next field of entry, or if you have not adopted a pay for performance plan erase the date and "TAB" to Field 3.

Field 2: Office has Pay for
Performance: Enter your USERID or "TAB" to the next Field.
Field 3: Office DOES NOT
have PFP: Enter your USERID, if not entered in Field 2.

Press the "ENTER" key after completing information requested.

2. Press the "ENTER" key again to proceed to the next category or,
3. Type "M" in SEL: (at the top of the screen) to return to the main menu.

CRITERIA FOR AN EMPLOYEE PERFORMANCE EVALUATION PLAN

Job Description

A detailed job description is maintained for each permanent employee, which provides the elements for evaluation on the employee's performance plan.

Written Performance Plan

Each employee's performance plan identifies and prioritizes job elements based upon the employee's job description, states expectations for the acceptable level of performance for each job element, and addresses the extent to which external factors impact the employee's ability to perform the job. Factors, which are not related to the job, such as race, sex, religion, level of salary or physical condition, are not considered in the evaluation process.

Performance Evaluation and Interview with Employee

The performance plan and evaluation expectations are discussed by the employee and his/her immediate supervisor at the beginning of the performance cycle and in at least one interview every 12 months. These meetings address ways to improve performance, note areas of improvement already achieved, and provide a forum for discussion of goals, expectations, and factors affecting performance.

Signatures of Employee and Immediate Supervisor

Both the employee and the employee's immediate supervisor sign the performance plan and the evaluation; copies are made available to the employee and the originals are maintained in the employee's permanent personnel file.

```
   SEL: _   (C)           BUDGET SUBMISSION CHECKOFF LIST
SCB9UO11
      11/16/01                    REGIONAL JAILS

      YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE

 1.  VERIFICATION OR CORRECTIONS TO ADDRESS, PHONE AND FAX INFO
      Y
 2.  JUSTIFICATION FOR PART TIME (USE THE COMMENT SCREEN)
      Y
 3.  PLEASE ENTER NAME OF THE CONTACT PERSON CONCERNING THIS BUDGET
       SUBMISSION   JOHN T. MONROE_____

   TRANSACTION PROCESSED SUCCESSFULLY
```

This screen will be displayed when "C" is selected on the On-line Budget Menu or if you press the enter key at the completion of the performance evaluation screen processing and the selection field is blank. **You are required to complete the entry of the fields on this screen**.

1. Press the "TAB" key to go to the desired field.

2. Enter a "Y" in the fields provided to indicate the required functions have been performed. Enter "N" in the instance a function is not applicable, "TAB" to the next field.

3. Repeat this process until you have entered a "Y" or an "N" in all fields provided, and typed the name of the person to contact for questions when reviewing your budget request.

4. Press the "Enter" key after completing requested information.

5. Press the "Enter" key to proceed to the next category or,

6. Type "M" in SEL__: (at the top of the screen) to return to the main menu.

NOTE: If the Superintendent is responsible for a Jail Facility you will see the question below:

IS THERE A PLANNED EXPANSION OF YOUR JAIL FACILITY? __
When entering "Y" and pressing the "Enter" key you will be prompted to a second screen and will be required to enter an estimated "Date of Completion". This is the only required field on the second screen

```
SEL:   (D)
SCB9UO12
  11/15/01                     CERTIFICATION OF
                           FISCAL YEAR BUDGET REQUEST
                        FOR FISCAL YEAR ENDING JUNE 30, 2005

 YY: 2005 LOC: 400 OFF: 304 OFFICER: JOHN T MONROE

 I CERTIFY THAT THIS REQUEST REPRESENTS AN ACCURATE STATEMENT OF OFFICE
 WORKLOAD DATA, SALARY SUPPLEMENTS, LOCALLY FUNDED POSITIONS AND MY
 ANTICIPATED FUNDING NEEDS FOR THE UPCOMING FISCAL YEAR.  I HAVE
NOTIFIED
 THE GOVERNING BODY OF MY LOCALITY OF THE AVAILABILITY FOR REVIEW OF THE
 REQUEST AND HAVE PROVIDED THEM A COPY OF ALL DOCUMENTATION AND
JUSTIFICATION
 FORWARDED TO THE COMPENSATION BOARD.

 APPROVAL
                             OFFICER APPROVAL USER ID: _____
                              CB APPROVAL USER ID:

   ENTER REQ FLDS, PERM EMPL - SEL 2 - MENU
```

This screen will be displayed when 'D' is selected on the On-line Budget menu, or if you press 'Enter' after completion of the check off list screen and the selection field is blank. If you enter your Officer Approval User ID to submit your budget request and all screens that have required fields have not been processed, the system will not accept your sign off. Under this condition, the system will inform you that a required process has not been completed and a message will direct you to the incomplete process selection on the On-line Budget Menu. Once you have submitted your budget request you may not further modify your request. From the time of your submission until the completion of the budget approval process you may view only your submission. Upon approval of your budget, on May 1, you will be able to view your budget submission as approved, which will include any adjustments made by the Compensation Board.

PLEASE CHECK YOUR REQUEST FOR ANY FINAL CHANGES. ONCE THE OFFICER APPROVAL USER ID HAS BEEN ENTERED, THE OFFICER CAN NO LONGER MAKE CHANGES TO **THE BUDGET REQUEST**.

1. "TAB" to the next field of entry.
2. **Officer Approval User ID:**   Enter your "**USER ID**"
3. Press the "ENTER" key after completing information requested information.
4. Press the "ENTER" key to proceed to the **Comment Screen**, or
5. Type "M" to return to the main menu.

TIP: If your screen has the error messages as shown at the bottom of the screen print on page 48, you have not CERTIFIED. Please enter the number shown,

"SEL 2", in the SEL field at the upper left hand corner of your screen to complete the required fields, and then return to the certification screen.

COMMENTS

```
11/15/01  SEL:   (E)                        COMMENTS
SCB9UO17
 CCYY: 2005 LOC: 015 OFF: 304 NAME OF OFFICER: _____
5402455333
 COMMENTS                                                  PAGE 1
OF 1
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These screens will be displayed when "E" is selected on the On-line Budget Menu. There are 40 lines on two screens that allow the entry of comments in a free form format. The use of these screens is optional and the data entered is not edited.

This screen is available for any information you feel is necessary for the Compensation Board to know about your on-line budget request. There are only two screens available for your comments, so keep this in mind, as you may wish to send paper documentation for more detailed comments.

1. Please remember this screen will **Time Out**. Start typing the information you would like to convey, after about 5 minutes:
2. Press the "Enter" key and then enter **"E"** in the **SEL__** (at the top of your screen).
3. Press "Enter" again, this will refresh the screen and avoid losing the information you typed.

4. Please reference the section of the on-line budget request your comments are referring to, e.g.. (5. PART II PART-TIME EMPLOYEE FUNDING).

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